

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) James P. Monahan; Susan H. Pasc	<u>hell</u>
II. Name of lobbyist'	's partnership, firm or corporation, if an	y:
The Dupont Group		
(Name of partnership, firm	or corporation)	
	401 Concord, NH 03301 (Town/City) (State) (Zip Code)	
(603)228-3322	(602) 229 0712	
(Telephone)	(603) 228-0713 (Fax)	e-mail <u>imonahan@dupontgroup.com</u>
	overs: (Choose one – file separate report which are not attributable to any one cl	s for each client, OR you may file a separate report for reportable ient).
Ail reportable to	ransactions occurring in the month prior to	the reporting date relative to the following client:
Innocence Project		· · · · · · · · · · · · · · · · · · ·
<u>OR</u>	(Full Name of Client as it appea	ars on the Lobbyist Registration Form)
All reportable tran		oyist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 25, 2018 activity from date of registration to 3/31/	July 25, 2018 activity from 4/1/18 to 6/30/18
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 X activity from 10/1/18 to 12/31/18
	no fees received and no reportable transa complete just this form and submit it to the	actions made since the last report. Secretary of State's Office, State House, Room 204, Concord, NH
	nal reports are attached: ed fees or made expenditures, you must file	e Addendum A- Fees and Expenses
If you have paid a Reimbursement	n honorarium or reimbursed expenses, you	must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	or your family has made political contribut	ions, you must file Addendum C- Political Contributions.
Sworn Statement/Af I have read RSA 15, F best of my knowledge		or affirm that the foregoing information is true and complete to the
7 The		
-/-		1/30/2019
(Signature of lobbyist)		(Datc)
James P. Monahan (Print Name of lobbyist)	· · · · · · · · · · · · · · · · · · ·	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affir Statement of Income ar			
Name of Lobbying partn	ership, firm, or corporation	on: The Dupont G	roup
Name of Client (leave bl	ank if Statement is for the	e partnership, firm, or corpor	ation and not related to any particular
client): Innocence Pro	ject		
Date of Report (check o	ne):		
April 25, 2018 🔲	July 25, 2018 🛚	October 31, 2018	January 30, 2019 X
following Addendums su	ibmitted with that Stateme	ent (insert the number of Ad	dendum forms being submitted):
<u>D</u> Addendum A(s).			
0 Addendum B(s).			
<u>Q</u> Addendum C(s).			
the best of my knowledg	e and belief.	ation on the Statement and e	ach Addendum is true and complete to
pusau H. 4	aschell		
(Signature of lobbyist)			
Susan H. Paschell			
(Print Name of lobbyist)			